

Kentucky State Board of Hairdressers & Cosmetologists  
111 St. James Court, Suite A  
Frankfort, KY 40601  
(502) 564-4262 (Phone)  
(502) 564-0481 (Fax)

### DUPLICATE/AFFIDAVIT OF LOSS APPLICATION

A duplicate of your license may be obtained by completing the following form and returning it to the above listed address along with a \$ 25.00 fee for all licenses except Esthetics. The duplicate fee for Esthetics license is \$ 75.00.

Applications must be accompanied with the correct fee in the form of a cashiers check or money order.

A copy of your photo I.D. must accompany this application.

|  |      |                                    |                |
|--|------|------------------------------------|----------------|
| Name as listed on License  |      | License # or Social Security #     |                |
| Address on License   | City | State                              | Zip Code       |
| Current Name if different than listed on license (proper documentation must be provided) |      |                                    |                |
| Current Address (if different than listed on license)                                    |      | City                               | State Zip Code |
| Birth Date   |      | Phone Number (including area code) |                |

Reason for Requesting Duplicate License:

- ☐ My License was lost, stolen, or destroyed
- ☐ My license has been damaged to such an extent that it is no longer able to be used, (Please return the damaged license with this application)
- ☐ I did not receive my license in the mail after renewals
- ☐ I am employed by more than one salon. Please indicate the Name, address, and license number of salon(s) you are purchasing the duplicate for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that under penalty of law that the foregoing is true and correct; I further certify that I will immediately return the duplicate license if the original license is found.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date